

2223

604

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	137	State Index No. <u> </u>
District of <u> </u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>92</u>
Town of <u>Miami</u>			Local Registrar's No. <u> </u>
City of <u> </u>	(No. <u> </u>)	St. <u> </u>	Ward <u> </u>
FULL NAME OF CHILD <u>Manuel Fertin</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } NO	
Sex of Child <u>Male</u>	Twin, Triplet or other <u> </u>	and { Number in order of birth <u>2d</u> }	Legitimate? <u>Yes</u>
		Date of Birth <u>Feb 22</u> 191 <u>7</u>	(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Manuel Fertin</u>	Full Maiden Name <u>Rosa Estera</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Color or Race <u>White</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)
Birthplace <u>Eurofosa Spain</u>		Birthplace <u>Eurofosa Spain</u>	
Occupation <u>Labourer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Feb 22</u> 191 <u>7</u> , at <u>1630</u> P.M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>John H. Lopez</u>	
		(Attending physician, midwife, householder.?)	
Given or Christian name added from a supplemental report <u> </u> 191 <u> </u>		Address <u>Miami, Arizona</u>	
<u>465-222-951</u>		LOCAL REGISTRAR <u>John H. Lopez</u>	
COUNTY REGISTRAR.		A True Copy <u> </u>	
		COUNTY REGISTRAR.	

Filed Feb 25 1917Filed Mar 6 1917